

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

39423

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 10410 Registered No. BARNES HOSPITAL
(e) Length of residence in city or town where death occurred yrs 3 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. W. Ward R. Clutts St. NR Colden, Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 20 - 1916
7. AGE YEARS 21 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HARMING
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) JULY 15 - 1937 11. Total time (years) spent in this occupation 4 1/2

12. BIRTHPLACE (CITY OR TOWN) BUSH (STATE OR COUNTRY) ILLINOIS

13. NAME WILLIAM S. CLUTTS
14. BIRTHPLACE (CITY OR TOWN) JONES BORO, (STATE OR COUNTRY) ILLINOIS

15. MAIDEN NAME GERTIE HAGLER
16. BIRTHPLACE (CITY OR TOWN) ALTA PASS (STATE OR COUNTRY) ILLINOIS

17. INFORMANT WILLIAM S. CLUTTS (ADDRESS) COLDEN, ILLINOIS

18. BURIAL, CREMATION, OR REMOVAL WATER VALLEY CEMETERY PLACE UNION COUNTY, ILL. DATE NOVEMBER 7, 1937

19. FUNERAL DIRECTOR Albert J. Horn (ADDRESS) 429 N. Euclid Ave

20. FILE NO. NOV 9 1937 Joe Bredes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 3 1937

22. I HEREBY CERTIFY, That I attended deceased from 7 - 16, 1937, to 11 - 3, 1937

I last saw him alive on 11 - 3, 1937. Death is said

to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction
(partial)
cause unknown

Other contributory causes of importance:
Abscess of Peltis
unknown unknown

Name of operation Colostomy Date of 8-6-37

What test confirmed diagnosis? Operative Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Eugenio m. Buckner, M. D.

(Signed) Eugenio m. Buckner (Address) BARNES HOSPITAL

10410

10410

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)